

## QUESTIONNAIRE FOR LEGISLATIVE APPOINTMENTS

Board(s) Applying for: \_\_\_\_\_

1. Name \_\_\_\_\_  
First Middle/Maiden Last  
Title (Dr./Mr./Ms./Mrs.) Suffix (Jr./Sr./III, etc.) Nickname/Preferred Name

Spouse \_\_\_\_\_

2. Have you ever used or been known by any other name? (check one) ☐ yes ☐ no  
If "yes," please give your other name(s) and explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Sex: ☐ Male ☐ Female

4. Describe yourself within one or more of the following categories (information requested pursuant to section 760.80, Florida Statutes):

- ☐ Caucasian ☐ "American woman" ☐ "physically disabled"  
☐ "African-American"  
☐ "Hispanic-American"  
☐ "Asian-American"  
☐ "Native American"

5. Residence Address

Street City County Zip

(if pertinent)

P.O. Box City County Zip

Residence Telephone

( )  
(Area Code) Number

Mobile ( )

(Area Code) Number

6. Business Address

Name

Street City County Zip

P.O. Box City County Zip

Business Telephone

( )  
(Area Code) Number

FAX

( )  
(Area Code) Number

7. To which address do you prefer that mail about your being appointed to a board, commission, council, or committee be sent? (check one) ☐ Residence ☐ Business

8. Please provide the following information for your current employer and each employer for the last five (5) years:

Employer's Name	Employer's Address	Type of Business	Occupation/ Job Title	Date(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Driver's License \_\_\_\_\_  
Number State

10. Social Security Number \_\_\_\_\_

11. Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
Month/Day/Year City State Country

12. As of what date have you been a continuous resident of Florida? \_\_\_\_\_  
Month Date Year

13. Are you a U.S. citizen? (check one) ☐ yes ☐ no

If you are a naturalized citizen, please give the date of naturalization: \_\_\_\_\_

14. Are you registered to vote in Florida? (check one) ☐ yes ☐ no

If "yes," where? \_\_\_\_\_ Party affiliation \_\_\_\_\_  
County

15. Are you or have you ever been a member of the armed forces of the United States? (check one) ☐ yes ☐ no If "yes," please provide the following information:

Dates of service \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Date and type of discharge \_\_\_\_\_

Did you serve in combat? (check one) ☐ yes ☐ no

16. Education:

High School \_\_\_\_\_  
Name City State

**Post-secondary institutions:**

Name and Location	Dates Attended	Certificates/Degrees Earned
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17. Please list any special qualifications that you think are relevant to your being appointed to a board, commission, council, or committee. "Special qualifications" include any type of licensure or certification you hold, as well as any civic, professional, or political organizations to which you belong.

Type or Name of License or Certificate	Number	Granting Agency	Date Granted
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Name of Civic, Professional or Political Organization	Office(s) Held	Member Since?
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18. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past four (4) years? **(check one)** ☐ yes ☐ no

If "yes," did you receive any compensation other than reimbursement for expenses?  
**(check one)** ☐ yes ☐ no Please provide the following information:

Agency Lobbied	Principal(s) Represented	Date(s)
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19. Have you or any business with which you are or have been affiliated as an owner, officer, or employee, held any contractual dealings during the last four (4) years with any state, district, or local governmental agency in Florida? **(check one)** ☐ yes ☐ no If "yes" please provide

the following information:

Name of Business	Your Relationship to Business	Business's Relationship to Agency
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20. Have members of your immediate family - spouse, child, parent(s), sibling(s) - or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state, district, or local governmental agency in Florida? **(check one)** ☐ yes ☐ no If "yes," please provide the following information:

Name of Business	Family Member's Relationship to You	Family Member's Relationship to Business	Business's Relationship to Agency
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21. Have you ever been elected to any public office in Florida? **(check one)** ☐ yes ☐ no If "yes," please provide the following information:

Office Title	Date of Election	Term of Office	Level of Government
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22. Have you ever been appointed to any public office in Florida? **(check one)** ☐ yes ☐ no If "yes," please provide the following information:

Office Title	Date of Appointment	Term of Office	Level of Government
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If your service was on an appointed board, commission, council, or committee, please provide the following information:

How frequently were meetings scheduled? \_\_\_\_\_

If you missed any regularly scheduled meetings, please provide the following information:

Number of Meetings  
Attended

Number of Meetings  
Missed

Reason for Absence(s)

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23. Have you previously been appointed to any office that required confirmation by the Florida Senate? *(check one)* ☐ yes ☐ no If "yes," please provide the following information:

Title of Office

Term of Appointment

Results of Confirmation

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24. Have you ever been employed by any state, district, or local governmental agency in Florida? *(check one)* ☐ yes ☐ no If "yes," please provide the following information:

Position

Employing Agency

Dates (From/To)

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25. Has probable cause ever been found that you were in violation of Part III, Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees? *(check one)* ☐ yes ☐ no If "yes," please provide the following information:

Date

Nature of Violation

Disposition

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26. Have you ever been suspended from any office by the Governor of the State of Florida? *(check one)* ☐ yes ☐ no If "yes," please provide the following information:

Title of  
Office

Date of  
Suspension

Reason for  
Suspension

Result  
(Reinstated/Removed)

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27. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) (check one) ☐ yes ☐ no If "yes," please provide the following information:

Date	Place	Nature	Disposition
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28. Have you ever been refused a fidelity, surety, performance, or other bond? (check one) ☐ yes ☐ no If "yes," please provide the following information:

Type of Bond	Issuer of Bond	Date	Reason(s) Given
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29. Do you know of any reason why you would not be able to attend fully to the duties of the office or position to which you may be appointed? (check one) ☐ yes ☐ no If "yes," please explain.

30. If there is additional information that you think is relevant to your being appointed to a board, commission, council, or committee, please provide that information below.

31. If required by law or administrative rule, will you file financial disclosure statements? (check one) ☐ yes ☐ no

32. Please list three persons who have known you well within the past five (5) years and provide the following information about each person. Exclude relatives and Members of the Florida Legislature.

Name	Mailing Address	(Area Code) Phone Number
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**CERTIFICATION**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public of Florida, personally appeared

\_\_\_\_\_, who, after being duly sworn, says: (1) that he/she has  
carefully and personally reviewed answers to the foregoing questions; (2) that the information is complete

and true; and (3) that he/she will, as appointee, uphold the constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type, or stamp commissioned name

Personally known ☐ OR Produced identification ☐

Type of identification produced \_\_\_\_\_

8/29/98